

REQUEST FOR MOVEMENT
OF FAMILY AND/OR HOUSEHOLD EFFECTS

Name of Employee:	Title & Branch:				
Present Official Station:	Station to which employee is being transferred:				
Type of Funds from which Employee's Expenses Will be paid: <input type="checkbox"/> Special <input type="checkbox"/> Vouchered	Approximate Date Employee is to start travel:				
Movement of Family to be Requested (If "Yes", complete spaces below) <input type="checkbox"/> YES <input type="checkbox"/> NO					
Immediate Family for whom Transportation is Requested: <table style="width:100%; border: none;"> <tr> <td style="width:60%; border-bottom: 1px solid black; text-align: center;"><u>Name</u></td> <td style="width:40%; border-bottom: 1px solid black; text-align: center;"><u>Relationship</u></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>		<u>Name</u>	<u>Relationship</u>		
<u>Name</u>	<u>Relationship</u>				
Name, Address & Tel.No. of Person to be contacted in connection with movement:					
Approximate Date it is desired that Family be moved:					
Movement of Household Goods and Personal Effects Requested: (If "Yes", complete spaces below) <input type="checkbox"/> YES <input type="checkbox"/> NO					
Address and Location of Household Goods and Personal Effects:					
Name, Address & Tel.No. of Person to be contacted in connection with movement:					
Estimated Weight or General Description of effects to be moved: (If household goods, multiply number of rooms by 1000 to arrive at estimated weight)					
Approximate Date Movement is desired:					
REMARKS:					

(Signature of Employee)